DOCUMENT RESUME

ED 358 617 EC 302 179

AUTHOR Kryzanowski, Elaine
TITLE Youth with Severe Behavior Disorders: A Literature Review and Survey Results.
INSTITUTION Alberta Dept. of Education, Edmonton. Education Response Centre.
REPORT NO ISBN-0-7732-0833-X
PUB DATE 92
NOTE 89p.
AVAILABLE FROM Learning Resources Distributing Centre, 12360 - 142 Street, Edmonton, Alberta T5L 4X9, Canada.
PUB TYPE Information Analyses (070) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Behavior Disorders; Day Programs; *Educational Methods; Elementary Secondary Education; Etiology; Foreign Countries; Incidence; Intervention; Models; National Surveys; Program Effectiveness; Residential Programs; Severe Disabilities; *Special Programs; *Special Schools
IDENTIFIERS Alberta; *Canada

ABSTRACT

This document presents a literature review on effective educational programs for students with severe behavior disorders. The literature review's scope includes definitions of relevant terminology, statistics on prevalence, descriptions of several conceptual models and how they affect perceptions of the etiology of behavior disorders and thus the focus of programming approaches, and a comparison of the efficacy of day and residential programs. Following the literature review, results are provided of a questionnaire survey of 45 Canadian schools and programs providing educational services for youth with severe behavior disorders. The survey addressed ages of students, gender of students, number of students, population served, day or residential programs, interest in networking, information needs, follow up of school leavers, program philosophy, interventions, assessment of school/program effectiveness, and perceived strengths and limitations of programs. Survey results are provided for Canada as a whole and for Alberta. Conclusions and recommendations are provided. Appendixes contain the questionnaire, sample letters, lists of respondents, and a list of schools and programs that can provide further information upon request. (Contains approximately 100 references.) (JDD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED358617

Youth with Severe Behavior Disorders:

A Literature Review and Survey Results

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

L. Brindle

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

EC 313179

ERIC
Alberta Education Response Centre

BEST COPY AVAILABLE

Youth with Severe Behavior Disorders:

A Literature Review and Survey Results

ALBERTA EDUCATION
EDUCATION RESPONSE CENTRE

1992

ALBERTA EDUCATION CATALOGUING IN PUBLICATION DATA

Alberta. Alberta Education. Education Response Centre.
Youth with severe behavior disorders : a literature review and survey results.

ISBN 0-7732-0833-X

1. Behavior disorders in children -- Canada.
2. Behavioral assessment of children -- Canada.
3. Behavior modification -- Canada.
4. Behavior therapy for children -- Canada. I. Title.

RJ506.B44 A333 1992 371.9043

For additional copies of this resource contact:

Learning Resources Distributing Centre
12360 - 142 Street
Edmonton, Alberta
T5L 4X9

Telephone: (403) 427-2767

This document is intended for:

Students	
Teachers of Students with Severe Behavior Disorders	✓
Administrators	✓
Parents	
General Public	
Other	

Copyright © 1992, the Crown in Right of Alberta, as represented by the Minister of Education. Alberta Education, 6240 - 113 Street, Edmonton, Alberta, T6H 3L2.

Permission is hereby given by the copyright owner for any person to reproduce these materials or any part thereof for educational purposes and on a non-profit basis.

ACKNOWLEDGMENTS

The Education Response Centre, Alberta Education, gratefully acknowledges and thanks the following individuals for their assistance and support in the preparation of this report.

Researcher and Writer

Elaine Kryzanowski, PhD

Advisory Committee

Ralph Beggs, Alberta Education
Frank Dunnigan, Alberta Education (Chair)
Alexandra S. Hildebrandt, Alberta Education
Joe North, Alberta Education

Research Assistant

Patricia Cox

Editors

Patricia Cox
Barbara McCord

Desktop Publishing

Sandra Mukai

Thank you to the following individuals for giving advice during the initial stages of this project:

Linda Bland, Oak Hill Foundation
August Frauenfeld, Oak Hill Boy's Ranch
Elaine Nichols, Oak Hill Boy's School
Dawn Quinlan, Alberta Vocational Centre
Bill Sokolik, Alberta Vocational Centre

In addition, we would like to thank all of the schools/programs across Canada that participated in the survey.

See Appendices D and E.

Youth with Severe Behavior Disorders: A Literature Review and Survey Results was developed by the Education Response Centre, Alberta Education, under the direction of:

Harvey Finnestad, Director
Rick Morrow, Deputy Director
Alexandra S. Hildebrandt, Coordinator

TABLE OF CONTENTS

	Page
ACKNOWLEDGMENTS	i
INTRODUCTION	1
LITERATURE REVIEW	3
Definitions	3
Prevalence	4
Conceptual Models	5
Psychodynamic Model	5
Behavioral Model	8
Ecological Model	10
Humanistic Model	11
Biophysical Model	12
Counter Theory Model	12
Comparison of Models	12
Efficacy of Day and Residential Educational Programs	14
Conclusion	17
SURVEY OF SCHOOLS/PROGRAMS	19
Methodology	19
Results	20
Ages of Students	20
Gender of Students	21
Number of Students	22
Population Served	24
Teacher/Student Ratio	26
Day/Residential Programs	27
Networking	29
Topics About Which Respondents Would Like More Information	30
Follow-Up	32
Philosophy: The Nature of Behavior Disorders	33

Page

Philosophy/Strategies: Most Effective Interventions 36
Methods of Assessing School/Program Effectiveness 38
Perceived Strengths of Schools/Programs 39
Perceived Limitations of Schools/Programs 41
Recommended Suggestions/Strategies and Resources 43

CONCLUSIONS AND RECOMMENDATIONS 45

BIBLIOGRAPHY 49

APPENDICES

Appendix A: Questionnaire 59

Appendix B: Sample Letter to Provincial Ministries of Education 67

Appendix C: Sample Letter to Schools/Programs 71

Appendix D: Respondents Included in the Report 75

Appendix E: Respondents Not Included in the Report 81

Appendix F: Topics About Which Respondents Would Consider Providing Information 85

Appendix G: Schools/Programs With Further Information Available Upon Request . . 89

INTRODUCTION

Disordered behavior attracts attention because it is often atypical, strange, or annoying. We may react to it with confusion, embarrassment, fear, repulsion, or sadness. And we may be motivated to change it because it does not easily fit into the fabric of social life. For the most part, though, the desire to understand and treat childhood problems is fueled by the belief that all children should have the opportunity for ideal growth and fulfillment.

(Wicks-Nelson & Israel, 1991, p.1)

The recent amendment of the Province of Alberta *School Act* (S-3.1, s 8, 1990) requires that all children between 6 and 16 years of age, regardless of need and ability, attend school. S-3.1, s 3 specifies that all children between 6 and 19 years of age are entitled to have access to an education program. Education professionals are being required to provide services to an increasing number of children exhibiting difficult behaviors. This report originated from a school request regarding effective educational programs for students with severe behavior disorders and includes the following components:

- a literature review including
  - definitions of relevant terminology
  - statistics
  - a description of several conceptual models and how they affect perceptions of the etiology of behavior disorders and thus the focus of programming approaches
  - a comparison of the efficacy of day and residential programs
- the results of a questionnaire survey involving the collection of data from Canadian schools/programs providing educational services for youth with severe behavior disorders.

The report is intended to be descriptive, not prescriptive in nature. The complexity of the field of behavior disorders, the uniqueness of each child and educator, and the diverse nature of

schools/programs surveyed do not lend themselves to a prescriptive approach. There is no single *right* way to provide educational services for troubled youth. There are, however, valuable suggestions that can be shared among professionals in this field.

LITERATURE REVIEW

Definitions

A review of the literature revealed a wide array of descriptions of *behavior disorders*.

Common correlates include one or more of the following:

- aggression
- attention deficit disorder with hyperactivity (ADD-H)
- anxiety and stress-related disorders
- depression
- suicide
- pervasive developmental disorders
- conduct disorders
- delinquency
- psychoses (schizophrenia, borderline personality disorder)
- drug/alcohol abuse
- learning disabilities/disorders
- habit disorders (sleeping, toileting, eating, speech)
- social conditions (poverty, discrimination, family discord/divorce, child abuse/neglect)
- mental retardation
- giftedness
- self-stimulation

(Cullinan, Epstein, & Lloyd, 1983; Epanchin & Paul, 1987; Forness, 1988; Gelfand, Jenson, & Drew, 1988; Guetzloe & Rhodes, 1988; Maag, Parks, & Rutherford, Jr., 1984; Maag & Rutherford, Jr., 1988; Osborne & Byrnes, 1990).

According to Alberta Education (1986), behavior disorders occur "when students respond to their educational environment in ways which deviate significantly from age-appropriate expectations and interfere with their own learning and/or that of others" (*Behavior disorders in schools: A practical guide to identification, assessment, and correction*, pp. 1-4). The severity of the disorders and their expected incidence are described along continuums of mild to severe, and low to high, respectively. There is a negative correlation between severity and expected incidence; as the degree of severity increases, the expected incidence decreases. Conversely, there is a positive correlation between the severity of the disorder and the extent and nature of intervention; as one increases in intensity, so does the other.

According to this manual, both positive and problematic behaviors can be analyzed in terms of seven observable dimensions:

- context (related environmental events)
- complexity (variety of specific behaviors exhibited)
- directionality (other persons affected)
- intensity (how disturbing the behavior is)
- consistency (across environments)
- frequency (how often the behavior occurs)
- duration (of each episode).

It is considered typical for all students to exhibit inappropriate behaviors to a mild degree (infrequently, for short periods, and in a few settings), but as the severity increases, the need for intervention increases. Thus, while mild behavior disorders can be corrected in the classroom with family involvement, more severe disorders require more extensive intervention. Examples include the involvement of "resource personnel, behavioral aides, special classes, and clinical and residential treatment" (p. I-5). The nature, intensity, and duration of this intervention will depend on the nature of the disorder.

Prevalence

Diachuk (1986) explains that the complexity of defining behavior problems has resulted in prevalence estimates in the literature ranging from 2% to 30% for children of school age, with approximately 2% receiving special education services. Varying definitions, as well as related implications, problems, and conceptual issues are addressed by Epanchin and Paul (1987). These authors explain that "different types of definitions serve different professional and scientific purposes and reflect different perspectives" (p. 23) and according to Diachuk (1986), these definitional issues are largely responsible for the lack of precision in prevalence estimates.

A report by Alberta Education (*Review of programs and services for the learning disabled and behaviorally handicapped*, 1983) estimates that about "10% of the Alberta school population might be expected to have behavior disorders, with approximately 4% considered to be handicapped to the extent that they require specialized programs of intervention" (p. 12). In summarizing the results of several large-scale research studies, Wood (1985) concluded that over half of school-aged children have transient or very mild disorders, 6-10% have disorders requiring intervention and less than 1% exhibit severe/profound behavior problems. In all cases, males outnumber females by a ratio ranging from 2:1 to 7:1.

That Alberta youth are troubled and continue to be a serious societal and educational challenge is supported by data indicating the following trends:

- an increase in the number of youth charged with federal statute offences under the Young Offenders Act (mostly residential break-ins and theft under $1,000)
- high levels of sexual activity at early ages
- an increase in the adolescent pregnancy rate
- an adolescent suicide rate that is currently one of the highest in Canada (Alberta Education, *Education in Alberta: Some major societal trends*, 1989).

Conceptual Models

Conceptual models of behavior disorders "represent ways of organizing information about the nature, causes, assessment, and treatment of problems" (Cullinan et al., 1983, p. 91).

The following models are predominant in this field:

- psychodynamic
- behavioral
- social learning
- ecological
- humanistic
- biophysical
- counter theory.

Following is a brief description of each model, its possible application with regard to behavior problems, and a comparison of the models.

Psychodynamic Model

The psychodynamic model of behavior disorders interprets disturbed behavior as the result of conflict among psychological processes. Early childhood experience and the unconscious mind are perceived as critical influences on behavior throughout the lifespan. The more prominent theories include the following:

Sigmund Freud: Psychoanalysis

Freud's theory emphasizes the tripartite structure of personality (id, ego, superego) and the role of the unconscious in understanding emotional and behavioral

disorders. As explained by Cullinan et al. (1983), "behavior -- one aspect of personality -- is an outward reflection of the inner psychic energies and operations that control behavior. Therefore, a behavior disorder is seen as the sign of a psychic disorder" (p. 67). Involved are fixated energy from poorly resolved conflicts between the mind and outside world or among the three parts of personality, and overreliance on the use of defense mechanisms to cope with anxiety. According to proponents of psychoanalysis, more severe behavior problems are the result of inappropriate ego/superego development.

Erik Erikson: Psychosocial Theory

According to Erikson, the ego is paramount to the healthy development of a sense of self, and behavior problems result from the inadequate resolution of a series of psychosocial crises encountered throughout the lifespan. The crises to be resolved during childhood and adolescence, and the approximate ages at which they are encountered, are as follows: trust versus mistrust (birth to 1 year of age), autonomy versus shame and doubt (1 to 3 years of age), initiative versus guilt (4 to 5 years), industry versus inferiority (6 to 11 years), and identity versus role confusion (12 to 20 years).

Psychoeducational Approach

"The psychodynamic model impacts students with behavior disorders primarily through psychoeducational interventions in schools" (Cullinan et al., 1983, p. 152). Particular significance is assigned to "the role of educational variables -- cognitive abilities, peer relations, attitudes of the students and others (teachers, peers) toward each other, educational skills and progress, and so on -- in causing children's behavior disorders" (p. 72). These educational variables are the focus for remediation. Behavior is interpreted as the result of the interaction of the child's past mental states and experiences, and a unique personality structure formed early in life. "Behavior disorders are seen as outward signs of intrapsychic disorders" (p. 152). Lack of satisfaction of needs (biological and social) can lead to

a negative self-concept (feelings of incompetence, hostility, and fear, for example) and the projection of these same attributes onto others.

The same authors describe Nicholas Long's *conflict cycle*, in which academic, social, and behavior expectations at school can cause stress and activate a negative self-concept. A self-perpetuating cycle of conflict occurs in which "the youngster sees the situation as hostile, and behaves accordingly: he shows aggression, hyperactivity, anxiety, withdrawal, failure to learn, and so on. This provokes negative reactions from peers and the teacher, confirming to the child that his perceptions were accurate" (p. 73).

Traditional psychodynamic interventions focus on uncovering, understanding, and mastering conflicts, negative feelings, and other emotional disturbances that interfere with success in personal relationships and educational success. However, the time and cost involved limit the practical use of these in school situations.

Cullinan et al. (1983) provide a detailed description of various psychoeducational interventions and describe three exemplary programs based on this approach. Psychoeducational assessment involves the establishment of a close, trusting, personal relationship with a student and developing an understanding of subtle signs of personality and distress. A formalized assessment device, the Developmental-Therapy Objectives Rating Form, can be used to assess developmental milestones achieved and can be used as the focus of therapy.

Psychoeducational interventions have been developed more extensively than the assessment process. Some that are consistent with this approach are: psychotherapy, techniques of managing surface behaviors (permitting, tolerating, preventive planning, and interfering) and Life-Space Interviews (emotional first-aid and clinical exploitation of life events). Commercially available collections of activities designed to foster self-awareness and self-control include the Self-Control Curriculum, the Developmental Therapy curriculum, and various other text series, activity kits, and related individual and/or group curricula. All have been designed for use in the psychoeducational setting.

Behavioral Model

The primary emphases in this model are that behavior is learned and is regulated by certain principles, and that researchers are committed to scientific methods of studying and changing behavior.

B.F. Skinner: Operant Conditioning

While operant learning theorists do not deny the existence of biology and affect, they give them little or no emphasis in explanations of behavior disorders. The focus is on overt, measurable behaviors and particularly on the roles of the following: consequences, schedules of reinforcement, and antecedents.

"Special attention is given to *positive* or *negative reinforcement* for disordered behavior" (Cullinan et al., 1983, p. 82). The principle of reinforcement is immensely powerful and can be defined in terms of its effect on behavior. It "occurs when an event following a response strengthens the tendency to make that response" (Weiten, 1989, p. 200). Skinner differentiated between positive and negative reinforcement. While both increase the likelihood of a response tendency, the former involves the presentation of a pleasant stimulus (e.g., attention, good grades, money, scholarships) and the latter involves the removal of an unpleasant stimulus (e.g., giving in to a child's whining to stop the noise).

According to Cullinan et al. (1983), positive reinforcement plays an especially important role in terms of misallocated attention. Any attention, even negative, can reinforce the occurrence of behavior, including, for example, physical and verbal aggression, and bizarre motions. With respect to negative reinforcement, coercion (e.g., crying, screaming, threatening, whining, pushing, hitting) on the part of the child can force people to comply with demands and the compliance serves to reinforce the behavior by temporarily terminating the child's unpleasant behavior (e.g., tantrums).

The principles of negative reinforcement and *punishment* are often confused with one another. "Punishment occurs when an event that follows a response weakens or suppresses the tendency to make that response" (Weiten, 1989, p. 209). While it can be effective in disciplinary

efforts if used carefully, research has shown that punishment can have unintended side effects, including the general suppression of behavioral activity and the triggering of strong emotional responses. In addition, physical punishment has been shown to increase aggressive behavior. Thus, "operant psychologists maintain that disciplinary goals can often be accomplished more effectively by reinforcing desirable behavior than by punishing undesirable behavior" (p. 210).

Ivan Pavlov: Classical Conditioning

Classical or *Pavlovian* conditioning is a type of learning in which an originally neutral stimulus, through repeated pairings with another stimulus, acquires the ability to evoke the response that was originally evoked by the second stimulus (Weiten, 1989). This type of conditioning has been shown to play a key role in the formation of both positive and negative emotional responses. Thus, according to this theory, disordered behaviors resulting from mild fears, anxieties, and a stronger form of these -- phobias, are believed to have their origins in this type of learning. To decrease undesirable behavior, emotional responses would have to be relearned through the pairing of the fear- or anxiety-producing stimulus with a pleasant emotional response.

Albert Bandura: Social Learning Theory

Bandura's theory focuses on *observational learning* (*modelling*) and *reciprocal determinism* (that behavior is the result of the interaction among several factors: environmental events, personal (especially cognitive) factors, and overt behavior (Weiten, 1989).

According to this perspective, behavior disorders can arise from three conditions: observational learning, *behavior disinhibition*, and *vicarious respondents*. Observational learning occurs when exposure to others (family, peers, via television) exhibiting unacceptable behaviors, especially if the behaviors are reinforced, leads to imitation of the behaviors by the child. Behavior disinhibition occurs when the child observes a model suffering few or no negative effects as a result of

performing unacceptable behaviors. Even if the behaviors are not reinforced, the lack of negative consequences may disinhibit the child. Finally, vicarious respondents means that the child can learn emotional responses (e.g., fear) merely by observing emotional reactions and the circumstances that aroused them (Cullinan et al., 1983).

Interventions based on the social learning approach focus on the identification and provision of appropriate role models for behavior.

Ecological Model

This model has its roots in biology, anthropology, psychology, and sociology and interprets behavior disorders as the result of unbalanced relationships between the child's behavior and environment. The concept of *goodness-of-fit* between behavior and the environment originated in ethology.

According to proponents of this view, behavior disorders arise when the goodness-of-fit between the child and major features of the ecosystem, especially standards for behavior, are unbalanced. The resultant labelling of the child is seen as destructive and disordered behavior is viewed as a property of the larger environment, not of the child alone. Behavior disorders are interpreted as a "property of the ecosystem as a whole -- not of the individual child's behavior, the behavior of others, or any single aspect of the ecosystem" (Cullinan et al., 1983, p. 91).

According to Apter (1982), intervention can include changing the child, the environment, and attitudes and expectations of others. The goal of intervention is to *match* the child and the social system so "it works."

The following are examples of programs based on the ecological model:

- psychoeducation -- the focus is on the total environment of the child, including affect and cognition, and programs are based on the psychodynamic model (Apter, 1982; Cullinan, Epstein, & Lloyd, 1991)
- family interaction -- family therapy at home, schools, and clinics (Apter, 1982)
- physical space interventions -- structuring the classroom to facilitate learning (Apter, 1982)

- *Project Re-Education* -- a program developed and implemented in the United States in the early 1960s. The intent was to shift the focus of work with troubled children from medical treatment by clinicians to establishing a good match between the child and the environment. Teachers and counsellors served as liaison workers and coordinated/mediated among residences, schools, and homes "in an effort to maintain the necessary level of intervention until a youngster's system could work successfully on its own again" (Apter, 1982, p. 75).
- *BRIDGE Program Family Advocates* -- in the 1970s, this model established family advocates in training and counselling parents, early detection and referrals for intervention, educating children in life-management skills, training educators through a humanistic and developmental approach, strengthening and supporting families, improving service coordination and accessibility, providing community-based outpatient treatment, and training teachers about children with special needs (Apter, 1982). Cullinan et al. (1983) and Hewett (1981) also describe this model.

Humanistic Model

This theoretical orientation became popular in the 1950s, a time when psychoanalytic and behavior theories "were firmly established as the leading schools of thought in psychology" (Weiten, 1989, p. 12). The principal proponents, Carl Rogers and Abraham Maslow, rejected psychoanalytic theory's assertion that behavior is determined by primitive, animalistic drives, and behavior theory's belief that simple animal behavior could be generalized to humans. Both schools, it was argued, were too pessimistic about human nature and failed to acknowledge the uniqueness of human behavior. The emerging humanists proposed a more optimistic view of human nature that recognizes the uniqueness of human behavior and of each individual. Weiten (1989) defines humanism as "a theoretical orientation that emphasizes the unique q alities of humans, especially their freedom and their potential for personal growth" (p. 12).

According to this orientation, behavior disorders result when uniquely human needs (e.g., to evolve as a human being, to develop a self-concept, to fulfill one's potential) are blocked. Interventions follow a *phenomenological* approach, "which assumes that we have to appreciate individuals' personal, subjective experiences to truly understand their behavior" (Weiten, 1989, p. 449). Based on this emphasis, Rogers

developed his *person-centered theory*, in which the focus is on self-realization through sensitivity training, encounter groups, and various other exercises designed to foster personal growth. *Person-* or *client-centered therapy* employs this perspective and involves the provision of a supportive emotional climate, referred to as a *therapeutic climate*, with genuineness, unconditional positive regard, and empathy for the child as fundamental aspects of the process. The key task is to provide clarification, as opposed to interpretation and advice, as the children gain insight into their interpersonal relationships and their "selves."

Biophysical Model

According to proponents of this approach, "behavioral deviation results solely or primarily from biological and physical factors and has many of the same characteristics as physical illness" (Apter, 1982, p. 14). Biophysicists believe that the problems result from biogenetic predispositions triggered by particular environmental conditions. Applications of the theory involve support for a medical model of intervention: "consulting with pediatricians, supporting children undergoing physiological changes (surgery, special diets, new glasses), and planning educational programs to include children on medication" (pp. 14-15).

Counter Theory Model

Counter theorists, according to Apter (1982), reject all of the major theories, believing they have traditionally proven unsatisfactory in meeting the challenge of educating troubled children. Criticisms include the following: an irrelevant school curriculum, damage from children being labelled, and a lack of input from children into their own education. A major example of the application of this theory is the *Free School* movement.

Comparison of Models

It is clear that the conceptual model(s) espoused by a program or school providing education for students with behavior disorders will have a dramatic impact on perceptions about the nature, causes, assessment, and treatment of behavior problems (Apter, 1982; Cullinan et al., 1991). All of the models described here provide ways of interpreting and intervening where there are difficulties, but they differ in their emphasis on the roles of internal forces (e.g., needs, drives, innate patterns, biological

urges, physiological conditions) and external forces (e.g., stimuli, reinforcers, punishers, social rules, mores, taboos, cultural patterns, social conditions) in determining behavior (Apter, 1982).

Apter (1982) presents a graphic depiction of the relationship among several models in terms of emphasis on internal factors, external forces, or interaction between the two. He explains that "while all of the major models utilized in work with troubled children . . . agree that internal and external forces operate together to produce human behavior, they differ significantly in emphasis" (p. 16). Primarily concerned with the role of internal forces are psychodynamic (needs and drives) and biophysical (physiological conditions) theorists. Conversely, more concerned with the role of external forces are the behavior theorists (stimulus-response patterns in the environment). More recently, ecological theory has evolved as a conceptually broader model than those described above. "Contrary to the narrower models, ecologists insist that both internal and external forces must be acknowledged, and further, that it is the interaction between them which always accounts for behavior" (Apter, 1982, p. 16).

Cullinan et al. (1991) assert that the validity of a conceptual model of behavior disorders "lies in its power to explain, and there are many aspects of behavior disorders that require explanation" (p. 149). These authors further explain that different models may be more or less valid, depending on the purpose they need to serve. According to these authors, the most widely influential models today are the psychodynamic, behavioral, and ecological. Following a description of each approach and a discussion of the process of model evaluation, they conclude the following:

> *Despite some similarity among these three models, there is also much disagreement. They focus on different issues, emphasize different explanatory factors, and arrive at different (sometimes even contradictory) portrayals of behavior disorders. Someday there may be one conceptual model that explains behavior disorders so well that it is accepted by nearly everyone. But for now, professionals can achieve a broader and deeper perspective on behavior disorders through familiarity with present models and understanding the strengths and limitations of these models.* (p. 148)

In conclusion, several authors stress that the ecological model is currently favored as a way of interpreting the etiology of behavior disorders and for planning interventions (Apter, 1982; Apter & Conoley, 1984; Shea & Bauer, 1987), but the conclusions of Cullinan et al. (1991) should not be undervalued. Given the complexity of this field of study, perhaps it is important to maintain an eclectic perspective -- to understand each model; its strengths and weaknesses, its possible applications -- and to select what works for each unique child. A fundamental theme adhered to by Weiten (1989) is that psychology is theoretically diverse and that "it's probably most effective to think of the various theoretical orientations in psychology as complementary viewpoints, each with its own advantages and limitations. Indeed, modern psychologists increasingly recognize that theoretical diversity is a strength rather than a weakness" (p. 21). Thus, a more thorough understanding of and response to behavior disorders may be acquired through the acknowledgment of the strengths different perspectives may provide, and perhaps it is important to maintain an open mind about the various approaches. Acceptance or rejection of all but one or two approaches may result in an underestimation of the complexity of behavior disorders as well as the uniqueness of each child and situation.

Efficacy of Day and Residential Educational Programs

According to Leone, Fitzmartin, Stetson, and Foster (1986), "the advent of mandated education and related services for behaviorally disordered youth requires a critical examination of students served by specialized (and often costly) treatment programs" (p. 88). The following is a review of selected literature on the topic of day and residential programs for youth with severe behavior disorders.

According to Grosenick, George, and George (1990), despite the maturity of the behavior disorders field, only recently have there been increased efforts in program description and evaluation. These authors describe a conceptual scheme, or framework, that evolved out of a National Needs Analysis Project investigating program design in the field of behavior disorders. This scheme is intended to improve program quality and meets the following criteria: it accounts for diversity among programs, provides a comprehensive description of program functions, reflects current knowledge regarding effective educational programming, and includes areas for consideration in program evaluation. The scheme has eight fundamental components: philosophy, student needs and identification, goals, instructional methods and

curriculum, community involvement, program design and operation, exit procedures, and evaluation. Each of these components is fully described by the authors.

Leone et al. (1986) conducted a retrospective follow-up study of behaviorally disordered adolescents to identify the characteristics of students most successfully served by day and residential programs. One study discussed in a brief literature review revealed a positive correlation between school success and each of the following: students without organic or psychotic syndromes; students referred for aggressive behaviors, as opposed to stealing behaviors; and students involved in a comprehensive, behaviorally oriented, school-based intervention program, as opposed to those who received no intervention.

In their study, the authors collected data on 70 adolescents and young adults two to four years after they left a specialized facility providing both day and residential services. Approximately half of the subjects (n=36) were classified as *successful* leavers (those who consistently demonstrated prosocial behaviors during the program and either graduated from Grade 12 at the facility or were re-integrated into the regular public school system), and the other half (n=34) were classified as *unsuccessful* leavers (those who ran away, were hospitalized, or were removed from the facility either by their parents or by court order). The results of this study revealed that "specific characteristics of behaviorally disordered adolescents prior to treatment, during treatment, and at follow-up discriminate between the individuals with different outcomes" (p. 95). The following were associated with successful students: enrollment in day rather than residential treatment programs, high rates of attendance, the ability to name specific characteristics that others liked about them, working and/or attending school, generally positive attitudes toward the program they had been enrolled in, and the tendency to disassociate themselves from enrollment in the program.

The authors discuss the complexity of treatment programs, explaining that they "are not monolithic entities easily translated into neatly packaged independent variables" (p. 96), and that this impedes research on program efficacy. It is impossible to separate the effects of the program from the following: interpretation and delivery of services by individual professionals involved with the programs, the evolving nature of programs over time, and interactions between the youth and environmental factors outside the control of the program (e.g., family). It is recommended that "future studies designed to identify factors

associated with successful treatment outcomes need to identify and assess the influence of contextual and environmental factors in addition to the demographic and school-related measures included in the present investigation" (p. 96).

McVicar (1990a; b) addresses the complexity of observing and assessing program results in British Columbia schools. He describes the province's Rehabilitation Resource programs, in operation since the early 1970s, designed to assist students at risk of school failure/dropout for social and/or emotional reasons. Currently, school districts are re-integrating students with behavior disorders in regular classrooms in regular schools. McVicar reports that "isolating or *ghetto-izing* populations of behaviour-disordered young people is neither supported by legislation nor by current educational theory" (p. 48). The duplication of educational services, often inefficient, exacerbates re-entry problems. He acknowledges that there are instances where some students may need short periods of isolation, but that the goal should be the provision of services in regular classes.

Not all authors agree with this perspective. Guetzloe (1980) discusses issues involved in integrating students with severe behavior disorders in regular schools. In her view, few regular educators are qualified to assume this task and "the student with a severe behavior disorder, especially at the secondary school level, is considered by many educators to be the most difficult of all handicapped children to integrate with normal peers" (p. 106). Guetzloe believes that the skills and attitude of staff and administrators are more crucial to program success than are the physical plant, instructional supplies, or the academic courses offered.

Comer (1985) describes a day treatment program for adolescents with severe behavior disorders. She cites research showing that because of the complex and numerous determinants of behavior disorders, it is impossible to document program effectiveness as "no one program can deal with the myriad of misconduct variables" (p. 75). She does suggest that perhaps the following are indicative of some degree of program effectiveness: improved school attendance, and few incidents of running away, acting out, and talking back.

In conclusion, there exists a continuum of educational programs for youth with severe behavior disorders. These range from less restrictive environments (integration within regular classes) to more restrictive environments (residential facilities), and it appears that there is support for, and criticism of, the provision

and effectiveness of both types of facilities as well as options in between. There has been an increasing amount of research on this topic in the past 15 years, and most authors acknowledge the difficulty of assessing program efficacy. If the observed trend continues, it appears that there should be several types of interventions available to serve the varying needs of individual students as well as the needs of the environment (e.g., family, society). It may be that the same child will need different types of interventions at different times.

Conclusion

This literature review reveals the complexity of defining the term *behavior disorders* and the resultant difficulty in establishing precise prevalence estimates. In spite of definitional and prevalence estimate issues, current societal trends reveal increasing numbers of troubled, acting-out youth of both genders.

Seven conceptual models of behavior disorders were briefly described and compared, and research on the efficacy of day and residential educational programs was presented. It was concluded that the complexity of behavior disorders, as well as the uniqueness of each child and situation, warrant an eclectic approach to intervention. There are strengths and weaknesses of various conceptual models, and professionals working with these youth should be prepared to select whatever works for a given child at a specific time.

SURVEY OF SCHOOLS/PROGRAMS

Methodology

In preparation for this study, the researcher visited the following Alberta schools/programs between October and December 1991:

- Bissett Elementary School, Edmonton
- Oak Hill Boy's School, Bon Accord
- Poundmaker's School, St. Paul
- Stampede Boys' Ranch, Longview
- The Skills Factory, Calgary
- William Roper Hull School, Calgary
- Wood's Homes' Schools, Calgary
- Woodlands School at Quest Ranch, Cremona.

The staff and students, via tours and informal observation and discussion, provided valuable information that assisted in the development of the questionnaire used in the survey. The diverse nature of the schools/programs visited led to the choice of an open-ended question format, with the rationale that this type of format would allow for unique responses from the survey participants. A copy of the questionnaire is included in Appendix A.

In October 1991, letters were sent to the appropriate Special Education heads of departments at all of the provincial ministries of education, explaining the project and requesting the names, addresses, and contact persons of all schools in their province that provide educational services to youth with severe behavior disorders (see Appendix B for a sample of the letter). Upon receipt of this information, copies of the questionnaire and an explanatory letter (see Appendix C for a sample) were sent to the contact persons at the schools/programs, requesting their participation in the survey.

A total of 133 questionnaires were mailed/faxed across Canada. Of these, 57 were sent to specific schools/programs and 76 were sent to school district offices with a request that they be distributed appropriately. Forty-five questionnaires were returned by April 1992, a return rate of 33.8%, and were used for the Results section of this report. It should be noted that completed questionnaires were received from 16 of 26 Alberta schools/programs, a return rate of 61.5%. These respondents are acknowledged in Appendix D.

Appendix E contains a list of interested respondents who were not included in the report. Most are Ontario school boards that

provided lists of schools/programs and contact persons to whom questionnaires could be sent.

The national return rate of approximately 34% can be considered satisfactory. Follow-up requests may have increased these numbers but project timelines precluded this. Follow-up requests were made by telephone to the Alberta schools/programs and this may account for the excellent return rate of approximately 62%.

General information was collected from each respondent, including school/program name, address, principal/contact person, and school jurisdiction. More specific information also was collected and is discussed in the following section of this report. For most topics, the results are presented for the 16 Alberta responses alone as well as for the national sample as a whole (45 responses, Alberta responses included). For several topics, the reader is referred to appendices for additional information.

Results

Ages of Students

Alberta

For the 16 schools/programs that completed questionnaires, specialized educational programs are available for students ranging in age from 2.5 years (n=1, 6.3%) to 18+ years (n=6, 37.5%). Seven (43.8%) provide services for children under 12 years of age and 1 (6.3%) provides services for children under 6 years of age.

Canada

For the Canadian sample, specialized educational schools/programs are available for students ranging in age from 2.5 years (Alberta) to 21 years (Ontario). Of the 45 schools/programs, 25 (55.6%) provide services for children under 12 years of age and 9 (20%) provide services for children under 6 years of age.

Discussion

Nearly half of Alberta respondents and over half of Canadian respondents provide services for children under 12 years of age, and nine schools/programs in Canada serve preschoolers. This is indicative of the young ages at which youth are

- exhibiting significant behavior disorders
- being identified as needing specialized intervention
- receiving specialized intervention.

Gender of Students

Unless one gender was specified on the questionnaire, the school/program has been categorized as serving both male and female students.

Alberta

Of the 16 Alberta schools/programs, 11 (68.8%) provide services for both male and female students and 5 (31.2%) enroll only male students. None of the respondents enroll female students only.

Canada

Of the 45 Canadian schools/programs, 38 (84.4%) enroll male and female students, 6 (13.3%) enroll male students only, and 1 (2.2%) enrolls female students only.

Discussion

Well over half of the Alberta and Canadian samples provide services for both male and female youth and only one school (in Manitoba) enrolls female youth only. That so many schools/programs are enrolling female students contradicts the longstanding myth that females do not act out and thus problems remain unnoticed until later ages. This survey reveals that

- youth of both genders exhibit significant behavior disorders

- female youth are acting out in ways that are recognized as indicators that specialized intervention is required
- schools/programs are acknowledging this need and are providing services for the children.

Five of the six Canadian respondents providing services for male youth only, are in Alberta. One of these explained that "no girl contact during the week impairs social development" and that they would like to be involved with either a sister female program or have an integrated program. The other Canadian program is located in Newfoundland and became an integrated residential facility in Summer, 1992 (after this survey data was collected).

Number of Students

Alberta

At the time the questionnaires were completed, the number of students enrolled in the 16 Alberta schools/programs ranged from 6 to 110. The total number enrolled was 388.

Twelve of the 16 (75%) schools/programs provided data regarding the number of students funded. Of these, 9 (75%) reported funding equal to the number of students enrolled, 1 (8.3%) reported extra funding, and 2 (16.7%) reported underfunding.

All 16 schools/programs provided data regarding their physical capacity. Nine (56.2%) were enrolled to capacity, 6 (37.5%) were underenrolled by 1 to 20 students, and 1 (6.3%) was overenrolled by 4 students.

For three of the six (50%) schools/programs with the physical capacity for more students than were currently enrolled, the number enrolled equalled the number funded. One (16.7%) was underenrolled and underfunded in comparison to capacity, and no comparison was made for the other two (33.3%) due to missing data.

Canada

At the time the questionnaires were completed, the number of students enrolled in the 45 Canadian schools/programs that provided data ranged from 5 (Manitoba) to 890 (Ontario). The total number enrolled was 2,275.

Thirty-two of the 45 (71.1%) schools/programs provided data regarding the number of students funded. Of these, 21 (65.6%) reported funding equal to the number of students enrolled, 4 (12.5%) reported extra funding, and 6 (18.8%) reported underfunding. Missing data precluded comparisons for the others.

Thirty-seven (82.2%) schools/programs provided data regarding their physical capacity. Eighteen (48.6%) were enrolled to capacity, 12 (32.4%) were underenrolled by 1 to 20 students, and 1 (2.7%, Alberta) was overenrolled by 4 students. Missing data precluded comparisons for the others.

For 5 of the 12 (41.7%) schools/programs with the physical capacity for more students than were currently enrolled, the number enrolled equalled the number funded. Two (16.7%) reported enrollment equal to capacity but above the number for which funding was received. Comparisons for the others schools/programs could not be made due to missing data.

Discussion

The majority of responding schools/programs (75% of the Alberta sample and approximately 66% of the Canadian sample) reported enrollment equal to funding. Approximately half of the respondents from each sample (56.2%, Alberta; 48.6%, Canada) reported being enrolled to their physical capacity. About one-third of the remaining respondents (37.5%, Alberta; 32.4%, Canada) reported enrollments less than permitted by their physical capacity and it appears that in many of these instances this was due to lack of funding.

Thus, while 388 students in the Alberta sample and 2,275 in the Canadian sample were identified as receiving specialized educational programming due to significant behavior disorders, several facilities have the

physical capacity for greater enrollment but appear to be limited by funding concerns.

Population Served

All of the 45 respondents provided descriptions of the populations served (e.g., types of behaviors observed, eligibility criteria) by the school/program. The following responses reflect the verbatim descriptions given. Because the question format was open-ended, some descriptions are more specific than others.

Alberta

The most frequently provided responses and the numbers and percentages of the 16 schools/programs reporting them are provided in Table 1.

Table 1

Most Frequently Mentioned Descriptions of the Students Served: Alberta

Descriptions of Students	n*	%
Young offenders	6	37.5
Behavior problems	6	37.5
Emotional problems	5	31.3
Unable to function in regular schools	5	31.3
Family problems	4	25.0
Learning difficulties	3	18.8
Aggressiveness	3	18.8
Psychiatric/psychological problems	3	18.8

* *Sums to more than 16 because several participants provided more than one description.*

The following were mentioned by either one or two schools/programs: anger problems, antisocial behaviors, abuse survivors, attitude problems, AWOL, temporary or permanent guardianship status with the Minister of Child Welfare, substance abuse, hyper/overactivity, peer/social problems, problems accepting direction, prostitution, resident students of the government, low self-esteem, sexual abuse survivors, sexual problems (inappropriate, perpetrators), acting out behaviors, at

risk for dropping out of school, attention problems, and criminal behavior.

Canada

The most frequently provided responses and the numbers and percentages of schools/programs reporting them are provided in Table 2.

Table 2

Most Frequently Mentioned Descriptions of the Students Served: Canada

Descriptions of Students	n*	%
Behavior problems	20	44.4
Emotional problems	16	35.6
Young offenders	13	28.9
Unable to function in regular schools	12	26.7
Psychiatric/psychological problems	10	22.2
Aggressiveness	9	20.0
Family problems	6	13.3
Learning difficulties	6	13.3
Social/emotional difficulties	6	13.3
Attention problems	5	11.1
Acting out	5	11.1

* *Sums to more than 45 because several participants provided more than one description.*

In addition to those listed for the Alberta sample, four or less schools/programs mentioned the following: conduct disorders, low attendance rates, disruptive to others' learning, need for structure, pregnancy, pervasive developmental disorder, interpersonal disorders, developmental handicaps, and communication disorders.

Discussion

The responses reveal a wide array of descriptions of students served, including references to behavioral, emotional, cognitive, and attitudinal aspects. This diversity is consistent with information presented in the literature review.

Alberta

All 16 Alberta survey participants provided data regarding teacher/student ratios in the classroom. The distribution is presented in Table 3.

Table 3

Frequency Distribution of Teacher/Student Ratios: Alberta

Ratio	n	%
1:4	2	12.5
1:5	2	12.5
1:6	4	25.0
1:7	2	12.5
1:8	4	25.0
1:11	1	6.3
1:19	1	6.3

Canada

Of the 45 survey participants, 42 responded to this item. One provided a range for eight classrooms so has not been included here. The distribution of teacher/student ratios is presented in Table 4.

Table 4

Frequency Distribution of Teacher/Student Ratios: Canada

Ratio	n	%
1:3	2	4.8
1:4	2	4.8
1:5	3	7.1
1:6	9	21.4
1:7	6	14.3
1:8	13	31.0
1:10	4	9.5
1:11	1	2.4
1:19	1	2.4

Discussion

While the teacher/student ratios range from 1:4 to 1:19 for the Alberta sample and 1:3 to 1:19 for the Canada sample, the most frequently occurring ratios for both samples are 1:6 and 1:8; about one-quarter of each sample reported one of these ratios.

Day/Residential Programs

All of the 45 respondents specified providing either day programs only, residential programs, or both. The breakdowns for the Alberta (n=16) and Canada (n=45) samples appear in Tables 5 and 6.

Alberta

Table 5

Frequency Distribution of Day and Residential Programs: Alberta

Program Type	n	%
Day program only	5	31.3
Residential program only	8	50.0
Day and residential programs	3	18.8

Canada

Table 6

Frequency Distribution of Day and Residential Programs: Canada

Program Type	n	%
Day program only	23	51.1
Residential program only	10	22.2
Day and residential programs	12	26.7

Discussion

There are facilities providing day programs only, residential programs only, and a combination of the two. Half of the responding Alberta facilities are residential only and these represent 80% of the residential facilities in the Canada sample.

Two residential facilities, both in Alberta, reported the total integration of the educational and custodial staff in meeting the needs of the students. Seven reported that the custodial staff are involved in the educational component of the school/program in meetings, off-site activity supervision, and crisis assistance in the classroom (e.g., security support, removal of students). One school did not provide data on this topic.

Networking

The responses to the question regarding interest in networking with others providing these types of programs (e.g., annual one-day conference/some sort of interest group) have been categorized in Tables 7 (n=16, Alberta) and 8 (n=45, Canada).

Alberta

Table 7

Distribution of Responses Regarding Interest in Networking: Alberta

Extent	Response	n	%
Provincially	Yes	14	87.5
	Already do	2	12.5
	No	0	0.0
	No response	0	0.0
Nationally	Yes	12	75.0
	Already do	1	6.3
	No	1	6.3
	No response	2	12.5

Canada

Table 8

Distribution of Responses Regarding Interest in Networking: Canada

Extent	Response	n	%
Provincially	Yes	31	68.9
	Already do	5	11.1
	No	1	2.2
	No response	8	17.8
Nationally	Yes	31	68.9
	Already do	1	2.2
	No	3	6.7
	No response	10	22.2

Discussion

The majority of respondents in both samples expressed an interest in networking provincially and nationally, and few reported that they already do so. One Alberta respondent interested in networking provincially and nationally explained that this would be possible only if provisions were made for release time and costs. The Alberta respondent who replied "no" to networking nationally explained that this was due to budget and time constraints. There is a need for further investigation of this issue in order to develop procedures to enable the sharing of information and concerns in this field.

Topics About Which Respondents Would Like More Information

Twelve of the 16 (75%) Alberta respondents and 35 of the 45 (77.8%) national respondents listed one or more topics about which they would like more information.

Alberta and Canada

The most common response to this item, expressed by 6 of the 12 (50%) Alberta respondents to the item and 8 of the 35 (22.9%) respondents for the Canada sample, was interest in information about and/or the opportunity to visit other programs serving students with behavior disorders. With regard to other programs, information would be appreciated regarding the following:

- how they are being creative/innovative
- philosophy
- residential programs
- day programs
- programs in public schools
- resources.

Other topics about which respondents would like more information are presented in Table 9.

Table 9

Topics About Which Respondents Would Like More Information

Topics	Alberta Sample	Canada Sample
Other programs/schools	✓	✓
Integration of special needs students	✓	✓
Dual diagnosis students	✓	
Current research (new techniques, bonding, attachment)	✓	
Strategies regarding:		
Behavior management	✓	✓
Behavior change	✓	✓
Learning disabilities		✓
Motivation	✓	✓
Substance abuse	✓	
Suicidal students	✓	
Abuse survivors	✓	
Cognitive programming		✓
Social skills programs		✓
Curriculum development for students not likely to continue formal education		✓
Assessmeat	✓	✓
Peer counselling		✓
Youth psychiatry		✓
Legal issues		✓
Interagency/family cooperation (includes work experience, foster parent involvement)	✓	✓
Role of the school in therapy	✓	
Post-school assistance	✓	
Transition planning (includes education continuity)	✓	✓
Integration of school and custodial staff	✓	
School/community connection (work experience)	✓	
Male/female integrated programs	✓	
Medical aspects of behavior disorders	✓	

Discussion

The majority of respondents from both samples expressed an interest in learning more about topics/ strategies related to working with troubled youth. Procedures need to be developed to enable the sharing of information and the provision of resources in this field.

Follow-Up

Survey respondents were asked if they had followed up any students who had left the school/program and if so, what they found.

Alberta

Of the 16 Alberta respondents, 4 (25%) reported no follow-up had occurred. One of these explained this was due to lack of funding and one explained that the program is in its beginning stage and no one has left yet. The other 12 (75%) respondents reported at least some follow-up had occurred. Of these, 4 specified that the follow-up was informal (e.g., via the grapevine, students phoned or visited, via other agencies) and 5 specified that it was more formal (e.g., a placement counsellor in contact with the new school and/or home).

Of the 12 that had followed up students, 2 (16.7%) reported finding a high rate of success (e.g., re-integration, work, coping) and 4 (33.3%) reported a mixture of results (e.g., returned to school elsewhere, working, reoffended, involved with another agency, dropped out of or expelled from school, psychiatric institutionalization, returned to same school/program).

Two (16.7%) respondents specified what their experience revealed as the more important determinants of success after leaving the school/program. These are:

- the younger the child at the time of intervention, the higher the success rate
- the higher the correlation between team recommendations and student placement, the higher the re-integration success rate.

Canada

Forty-one of the 45 (91.1%) schools/programs surveyed responded to this item. Two (4.9%) of these reported that no students had left the school/program yet. Of the remaining 39, 5 (12.8%) reported no follow-up had occurred and 34 (87.2%) reported some follow-up. Eight (23.5%) of these specified informal follow-up and 11 (32.4%) specified formal follow-up procedures.

In addition to the comments provided by the two Alberta sample respondents, one school/program reported that success is affected by

- coping skills of the individual and family
- ongoing support
- peer pressure.

One respondent mentioned limited funding as a constraint to implementing follow-up procedures.

Discussion

The majority of each sample reported conducting at least some sort of follow-up and several specified correlates of success. Interestingly, employment and coping strategies, as well as academic re-integration, are considered indicators of success.

Philosophy: The Nature of Behavior Disorders

Eleven of the 16 (68.8%) Alberta participants and 31 of the 45 (68.9%) Canadian participants provided information regarding their school/program philosophy about the nature of behavior disorders (etiology, characteristics, and prognosis). Most descriptions focused on the etiology and characteristics, and the most common responses are provided in Tables 10 and 11 (the categories are not necessarily mutually exclusive). Information regarding prognosis follows the tables.

Table 10

Etiology/Characteristics of Behavior Disorders: Alberta

Contributing Factors*
Dysfunctional families
Trauma/abuse/neglect
Social (e.g., deprivation)
Ecological (poor "fit" between child and environment)
Learned behavior
Organic
Self-control/self-esteem/other emotional
Genetics and environment
Insufficient physical movement
* *in descending order of frequency mentioned.*

Two (18%) of the 11 respondents referred to the prognosis for youth with severe behavior disorders. Both described it as "variable."

Table 11

Etiology/Characteristics of Behavior Disorders: Canada

Contributing Factors*
Dysfunctional families
Trauma/abuse/neglect
Self-control/self-esteem/other emotional
Learned behavior
Social (e.g., deprivation, rapidly changing society)
Organic
Ecological (poor "fit" between child and environment)
Genetics and environment
Insufficient physical movement
* *in descending order of frequency mentioned.*

Five (16.1%) of the 31 respondents mentioned prognosis, and the descriptions were "poor," "good if given support and resources," and "variable."

Discussion

It is apparent that there is a mixture of support for various models described in the literature review, including behavioral, humanistic, biophysical, and ecological. Most responses included more than one contributing factor, providing support for theories emphasizing the multidimensional nature of severe behavior disorders. In addition, environmental (e.g., dysfunctional families, social deprivation, learned behaviors) and emotional (e.g., self-control/self-esteem/other) factors were mentioned more frequently than organic factors.

Philosophy/Strategies: Most Effective Interventions

Fifteen of the 16 (93.8%) Alberta participants and 39 of the 45 (86.7%) Canadian participants provided information regarding their school/program philosophy about the most effective types of interventions with youth with severe behavior disorders. Many respondents provided more than one recommendation. The most frequently reported descriptions are presented in Tables 12 and 13. It should be noted that the categories are not necessarily mutually exclusive.

Alberta

Table 12

Effective Interventions with Behavior Disorders: Alberta

Recommended Interventions*
Relationship building/environment (e.g., safe, caring, consistent, supportive, therapeutic)
Experience success (e.g., academic, interpersonal, self-esteem)
Eclectic
Cognitive behavior modification
Fear/anger/rage reduction
Family/parent involvement
Holistic
Psychodynamic
Early intervention
Cultural programs
Behavior modification

* *The first three are in descending order of frequency mentioned. The others were each mentioned once.*

Table 13

Effective Interventions with Behavior Disorders: Canada

Recommended Interventions*
Relationship building/environment (e.g., safe, caring, consistent, supportive, therapeutic)
Experience success (e.g., academic, interpersonal, self-esteem)
Eclectic
Family/parent involvement
Multidisciplinary team
Highly individualized
Behavior modification
Holistic
Community involvement
Physical movement
Cognitive behavior modification
Anger management
Ecological
Early intervention
Cultural programs
Psychodynamic
* *The first five are in descending order of frequency mentioned. The others were mentioned fairly equally.*

Discussion

The majority of respondents provided information about their school/program philosophy regarding the most successful types of intervention with youth exhibiting severely disordered behaviors. The recommendations most emphasized by respondents across the country are the provision of safe, caring, nurturing, supportive, therapeutic environments, and the provision of opportunities for these youth to experience success (e.g., academic, interpersonal) and thereby increase their self-esteem. Also emphasized was the importance of an eclectic approach.

Methods of Assessing School/Program Effectiveness

All of the 16 (100.0%) Alberta respondents and 37 of the 45 (82.2%) of the national respondents listed one or more ways of assessing the effectiveness of their schools/programs. Tables 14 and 15 contain summaries of the most commonly reported responses.

Alberta

Table 14

Assessing School/Program Effectiveness: Alberta

Methods*
Student performance/progress
Feedback (student, staff, other professionals)
Post-program follow-up (informal, formal)
Student happiness
Testing
Program completion/graduation
Successful re-integration into regular classroom

* *in descending order of frequency mentioned.*

Canada

Table 15

Assessing School/Program Effectiveness: Canada

Methods*
Student performance/progress
Successful re-integration into regular classroom
Post-program follow-up (informal, formal)
Feedback (student, staff, other professionals)
School/program evaluation (internal, external)
Testing
Program completion/graduation
Student happiness/attendance
* *in descending order of frequency mentioned.*

Discussion

All of the Alberta and the majority of the nation-wide sample listed one or more methods of assessing the effectiveness of their schools/programs. A variety of informal and formal, as well as internal and external, techniques were described. For both samples, the most popular indicator of effectiveness is student performance/progress. Measures of performance/progress include the following: in-class performance, academic achievement reports, student records, case reports, daily reports to parents, graphs, improvements in standardized test scores, observations of behavior, and scores on school board examinations.

Perceived Strengths of Schools/Programs

All 16 (100.0%) Alberta respondents and 39 of the 45 (86.7%) respondents nation-wide listed one or more perceived strengths of their schools/programs. Table 16 contains the most commonly provided responses, in descending order of frequency mentioned (the order is the same for both samples).

Table 16

Perceived Strengths of Schools/Programs: Alberta and Canada

Strengths*
Meets students' needs (e.g., academic, social, emotional)
Team approach/support (e.g., family, other teachers, administrators, other agencies, community)
Individualized programming
Staff effectiveness (e.g., quality, commitment, experience, expertise)
Program flexibility
Program structure/consistency
Short initial entry period
Re-integration success
Cultural focus (native)
* *in descending order of frequency mentioned.*

Discussion

All of the Alberta and most of the nation-wide sample listed one or more perceived strengths of their schools/programs. By far, the most popular strength reported is the ability to meet the academic, social, and/or emotional needs of students. Included in this category are references to more specific needs, including self-esteem, self-control, nurturance, a safe environment, practice in social skills, release of deeply rooted anger/pain, reward, motivation, self-awareness, life focus, and a feeling of involvement in school. The other strengths most commonly reported by both samples are the receipt of assistance/support from others (e.g., family, other teachers, administrators, other agencies, community), the provision of individualized programming, and highly effective staff (e.g., high quality, committed, experienced, expert).

Perceived Limitations of Schools/Programs

All 16 (100.0%) Alberta respondents and 38 of the 45 (84.4%) respondents nation-wide listed one or more perceived limitations of their schools/programs. The most commonly provided responses are summarized in Tables 17 and 18.

Alberta

Table 17

Perceived Limitations of Schools/Programs: Alberta

Limitations*
Insufficient staffing (e.g., number, training)
Limited intervention (e.g., short-term enrolment, nature of students)
Insufficient funding
Insufficient space/facilities
Insufficient program offerings (e.g., vocational, languages)
Insufficient time (e.g., in-servicing, planning, meetings)
Inadequate support (e.g., parent, home school, interagency)
Inadequate transition/re-integration/follow-up procedures
Isolation (e.g., one-gender program only)

* *in descending order of frequency mentioned.*

Table 18

Perceived Limitations of Schools/Programs: Canada

Limitations*
Limited intervention (e.g., short-term enrolment, nature of students)
Insufficient staffing (e.g., number, training)
Insufficient program offerings (e.g., vocational, languages)
Inadequate transition/re-integration/follow-up procedures
Insufficient space/facilities
Inadequate support (e.g., parent, home school, interagency)
Insufficient funding
Insufficient time (e.g., in-servicing, planning, meetings)
Isolation (e.g., physical, one-gender program only)
Relationship with agency staff
* *in descending order of frequency mentioned.*

Discussion

All of the Alberta and most of the nation-wide sample listed one or more perceived limitations of their schools/programs. The limitations most commonly reported by respondents in both samples relate to limited intervention opportunities and insufficient staffing. With respect to the former, concern was expressed regarding the short-term enrolment period of students, as well as the nature of the population (for instance, poor attendance and lack of predictability). Staffing concerns focused on the lack of enough staff to appropriately meet the needs of the students (to keep the staff/student ratio low and to provide additional program components), a lack of appropriate training for paraprofessionals, a lack of needed paraprofessionals, and a lack of supports, knowledge and acceptance in home schools.

Recommended Suggestions/Strategies and Resources

Half of the respondents from across Canada listed topics about which they would consider presenting or facilitating workshops. See Appendix F for details.

Following are verbatim suggestions/strategies and resources recommended by survey participants across Canada. Appendix G contains a list of schools/programs with further information available upon request.

Suggestions/Strategies

- *The most significant treatment intervention occurs around family work.*
- *The younger the child at intervention, the better.*
- *Educational kinesiology.*
- *Work with other agencies.*
- *Continue the hard, challenging work with youth. These are our people (leaders) of tomorrow.*
- *Integration of these students provides healthy opportunities for social/emotional/behavioral experiences.*
- *I believe we all would have a great deal to share and learn from each other if the opportunity would make itself available.*
- *Be patient and creative but also be realistic in your expectations of long-term success. - Morale and cohesiveness of your teaching team is a key factor in maintaining a healthy environment for students and staff.*
- *Need for safety and structure.*
- *Very careful planning is required and much communication among teaching staff and between agency/school.*
- *Usually people, including youth, treat others the way they are being treated. Being firm, fair, and friendly really works; so does respect.*

Resources

- *Children's First: Report of the Advisory Committee on Children's Services* (November, 1990) -- A report, based on Ontario research, recommending the coordination of services for the benefit of communities.

- Goldstein, A.P., Sprafkin, R.P., Gershaw, N.J., & Klein, P. (1980). *Skillstreaming the adolescent.* Illinois: Research Press.

- *LIFEWISE Seminars and Consulting Services*, specializing in the behavior disorders of children and teenagers and understanding the dynamics of dysfunctional families. Contact Leonard Parkin, A.C.E. Program, Okotoks, Alberta.

- McGinnis, E., & Goldstein, A.P. (1984). *Skillstreaming the elementary school child: A guide for teaching prosocial skills.* Illinois: Research Press. (This authorized Alberta Education resource is available for purchase from the Learning Resources Distributing Centre, Alberta Education, Edmonton.)

- The Maples Secondary School, Burnaby, B.C. offers workshops on a wide range of topics to other similar programs.

CONCLUSIONS AND RECOMMENDATIONS

This descriptive study and report evolved from a school request regarding effective educational programs for students exhibiting severely disordered behaviors. It includes a literature review and the results of a questionnaire survey of Canadian schools/programs providing such educational services. In the report, the results are presented separately for the Alberta sample (n=16) and the Canadian sample (n=45, Alberta sample included).

The report reveals and elaborates upon the following:

- Defining the term *behavior disorders* is complex.
- Definitional issues contribute to difficulties establishing precise prevalence estimates.
- There are increasing numbers of both male and female youth acting out in ways that interfere with their own and other's education and, in some instances, safety.
- There are several conceptual models of behavior disorders, each providing a different way of interpreting the nature, causes, assessment, and treatment of problems. They differ in their emphases on the roles of internal and external forces, and their interaction, in determining behavior. Different models serve different purposes and a thorough understanding of the strengths and limitations of each was recommended.
- The literature reveals a continuum of educational programs, ranging from less restrictive (integration within regular classes) to more restrictive environments (residential facilities) and there is support for, and criticism of, the provision and effectiveness of both types of programs as well as options in between.
- Nearly half of the Alberta respondents and over half of the Canadian respondents provide services for children under 12 years of age, and nine schools/programs in Canada serve preschoolers. This is indicative of the young ages at which youth are exhibiting significant behavior disorders, being identified as needing specialized intervention, and receiving specialized intervention.

- Well over half of both samples provide services for both male and female youth and only one school (in Manitoba) enrolls female youth only. That so many schools/programs are enrolling female students contradicts the longstanding myth that females do not act out and thus problems remain unnoticed until later ages. In fact, youth of both genders exhibit significant behavior disorders, female youth are acting out in ways that are recognized as indicators that specialized intervention is required, and schools/programs are acknowledging this need and are providing services for the children.

- Five of the six Canadian respondents serving males only are in Alberta.

- A total of 388 students in the Alberta sample and 2,275 in the Canadian sample were identified as receiving specialized educational programming due to significant behavior disorders.

- While the majority of responding schools/programs reported enrollment equal to funding, and approximately half reported being enrolled to their physical capacity, several facilities have the physical capacity for greater enrollment but appear to be limited by funding concerns.

- Respondents provided a wide variety of descriptions of the students served. The diversity of references to behavioral, emotional, cognitive, and attitudinal factors is consistent with the information revealed in the literature review.

- Teacher/student ratios range from 1:4 to 1:19 for the Alberta sample and 1:3 to 1:19 for the Canadian sample. The most frequently occurring ratios for both samples are 1:6 and 1:8.

- There are facilities providing day programs only, residential programs only and a combination of the two. Half of the responding Alberta facilities are residential programs only and these represent 80% of the residential facilities in the Canada sample.

- The majority of respondents in both samples expressed an interest in networking provincially and nationally, and few reported that they already do so.

- Three-quarters of each sample listed one or more topics about which they would like more information. These are presented in Table 9 (p. 31).

- The majority of each sample reported conducting some sort of follow-up of students who had left the school/program and several specified correlates of success. Employment and coping strategies, as well as academic re-integration, are considered indicators of success.

- Most respondents described their school/program philosophy about the nature of behavior disorders (etiology, characteristics, and prognosis). Most responses included more than one contributing factor and there is support for various models described in the literature review, including behavioral, humanistic, biophysical, and ecological.

- Nearly all of the respondents described their school/program philosophy regarding the most successful types of intervention with youth exhibiting severely disordered behaviors. Most highly recommended are the provision of safe, caring, nurturing, supportive, therapeutic environments, and the provision of opportunities for these youth to increase their self-esteem by experiencing success. Also recommmended is an eclectic approach.

- Most respondents listed one or more methods of assessing their school/program effectiveness. The most popular measure is student performance/progress.

- The majority of respondents described one or more perceived strengths of their schools/programs. The most popular strength reported is the ability to meet the academic, social, and/or emotional needs of students. Other strengths include the receipt of assistance/support from others, the provision of individualized programming, and highly effective staff.

- Almost all respondents listed one or more perceived limitations of their schools/programs. The limitations most commonly reported relate to limited intervention opportunities and insufficient staffing.

- Suggestions/strategies and resources recommended by participants across Canada are included in the report.

- Half of the respondents from across Canada listed topics about which they would consider presenting or facilitating workshops. Appendix F contains this information.

- Several schools/programs across Canada offered to provide further information upon request. Details are included in Appendix G.

The extent of interest in participating in a study of this type was unanticipated. Most respondents requested copies of the report and many commented on the value of disseminating this sort of information throughout the country. It is evident that there are many people committed to trying to understand and assist troubled youth.

Recommendations evolving from this study include:

- Professionals working in this field are urged to contact others, including those listed in Appendices D and E. Respondents revealed an eagerness to share their expertise and to learn more about effective interventions. This report can only begin to create an awareness of the variety of approaches and concerns but cannot, however, reveal the diverse dynamics of interaction among staff and students that contribute to their effectiveness, or ineffectiveness, in achieving their goals. Such dynamics can only be understood through school/program visits.

- Interested readers are encouraged to contact others about pursuing networking opportunities. It is clear that there is an interest in this and Appendix F includes a list of topics about which specific survey participants would consider presenting or facilitating workshops.

- Further research could include more school/program visits and perhaps the collection of videotaped material. The visits for this study revealed unique passions, strengths, interests, and interactions that cannot be captured on paper but are primary contributors to intervention success. These must be experienced, not just read about, if one wishes to truly understand how varied approaches and personalities interact to create success.

- Further research could include interviews with students who have attended or are currently attending various schools/programs. The value of their perceptions should not be underestimated.

In conclusion, it is hoped that this descriptive survey can serve as a beginning point for further research and for initiating awareness of and contact among professionals providing educational services for youth with severe behavior disorders. Given the complexity of this field and the uniqueness of each child and education professional, a study such as this tends to create more questions than it answers. It is hoped that readers will acknowledge this complexity and will use the report to initiate contact with others and to develop further research projects.

BIBLIOGRAPHY

Alberta Education (1983). *Review of programs and services for the learning disabled and behaviorally handicapped*. Edmonton: Alberta Education.

Alberta Education (1986). *Behavior disorders in schools: A practical guide to identification, assessment, and correction*. Edmonton: Alberta Education.

Alberta Education (1989). *Education in Alberta: Some major societal trends*. Edmonton: Alberta Education.

Apter, S. J. (1982). *Troubled children/Troubled systems*. Toronto: Pergamon.

Apter, S. J., & Conoley, J. C. (1984). *Childhood behavior disorders and emotional disturbance: An introduction to teaching troubled children*. New Jersey: Prentice-Hall.

Arnove, R. F., & Strout, T. (1980). Alternative schools for disruptive youth. *The Educational Forum, 44*, 453-471.

Baenen, R. S., Glenwick, D. S., Parris Stephens, M. A., Neuhaus, S. M., & Mowrey, J. D. (1986). Predictors of child and family outcome in a psychoeducational day school program. *Behavioral Disorders, 56*, 273-279.

Baenen, R. S., Parris Stephens, M. A., & Glenwick, D. S. (1986). Outcome in psychoeducational day school programs: A review. *American Journal of Orthopsychiatry, 56*, 263-270.

Balthazar, M. L., & Roundtree, G. A. (1991). Conduct disorders in childhood and adolescence: Implications for pupil personnel workers. *The Journal of the International Association of Pupil Personnel Workers, Inc., 35*, 107-114.

Bazely, D. S. (1988). *The evolution of Woods' Christian Homes*. Unpublished master's thesis, University of Alberta, Edmonton.

Bettelheim, B. (1974). *A home for the heart*. New York: Alfred A. Knopf.

Bocher, S., & Ward, J. (1991). Changing patterns of residential care: A report on the 1988 CIRI survey of children in resident care. *International Journal of Disability, Development, and Education, 38*, 151-170.

Bowling, L., & Hobbs, L. (1990). Day treatment services. In B. Wolford, C. J. Miller, & P. Lawrenz (Eds.), *Transitional services for troubled youth*. Kentucky: Department of Correctional Services.

Browne, T., Stotsky, B. A., & Eichorn, J. (1977). A selective comparison of psychological, developmental, social, and academic factors among emotionally disturbed children in three treatment settings. *Child Psychiatry and Human Development, 7*, 231-253.

Carlo, P. (1985). The children's residential treatment centre as a living laboratory for family members: A review of the literature and its implications for practice. *Child Care Quarterly, 14*, 156-170.

Carpenter, R. L. (1985). Emotional disturbance/behavioral disorders and a delphic approach to the future. *Behavioral Disorders, 10*, 198-210.

Chang, J. (1991). Using relaxation strategies in child and youth care practice. *Child & Youth Care Forum, 20*, 155-169.

Colyar, D. E. (1991). Residential care and treatment of youths with conduct disorders: Conclusions of a conference on child care workers. *Child & Youth Care Forum, 20*, 195-204.

Comer, R. (1985). Day treatment of adolescents: An alternative to institutionalization. *Journal of Counseling and Development, 64*, 74-76.

Craig, E. (1983). *If we could hear the grass grow*. New York: Simon and Schuster.

Crespi, T. D. (1988). Effectiveness of time-out: A comparison of psychiatric, correctional, and day-treatment programs. *Adolescence, 23*, 805-811.

Cullinan, D., Epstein, M. H., & Lloyd, J. W. (1983). *Behavior disorders of children and adolescents*. New Jersey: Prentice-Hall.

Cullinan, D., Epstein, M. H., & Lloyd, J. W. (1991). Evaluation of conceptual models of behavior disorders. *Behavioral Disorders, 16*, 148-157.

Diachuk, C. M. (1986). *A descriptive study of six behavior disordered pupils*. Unpublished master's thesis, University of Alberta, Edmonton.

DiGangi, S. (1991). Expert and novice teachers: Examining decisions in the classroom. *Beyond Behavior, 2*, 22-23.

Dukowski, J. G. (1976). *Project 72: Programming in a residential treatment facility*. Unpublished master's thesis, University of Alberta, Edmonton.

Dunst, C. J., Johanson, C., Trivette, C., & Hamby, D. (1991). Family-oriented early intervention policies and practices: Family centred or not? *Exceptional Children, 58*, 115-126.

Dworet, D. H., & Rathgeber, A. J. (1990). Provincial and territorial government responses to behaviorally disordered students in Canada — 1988. *Behavioral Disorders, 15*, 201-209.

Eitzen, D. S. (1992). Problem students: The sociocultural roots. *Phi Delta Kappan, 73*, 584-590.

Epanchin, B. C., & Paul, J. L. (1987). *Emotional problems of childhood and adolescence: A multidisciplinary perspective*. Ohio: Merrill.

Epstein, M. H., & Cullinan, D. (1984). Research issues in behavior disorders: A national survey. *Behavioral Disorders, 10*, 56-59.

Epstein, M. H., Polloway, E. A., Foley, R., & Patton, J. R. (1990). Comparisons of performance on academic problems by students with mild retardation, learning disabilities, and behavior disorders. *Special Services in the Schools, 6*, 121-134.

Evans, I. M., & DiBenedetto, A. (1990). Pathways to school dropout: A conceptual model for early prevention. *Special Services in the Schools, 6*, 63-80.

Executive Committee of the Council for Children with Behavioral Disorders (1987). Position paper on definition and identification of students with behavioral disorders. *Behavioral Disorders, 13*, 9-19.

Forness, S. R. (1988). School characteristics of children and adolescents with depression. In R. B. Rutherford, Jr., C. M. Nelson, & S. R. Forness (Eds.), *Bases of severe behavioral disorders in children and youth*. Toronto: Little, Brown, and Company.

Gable, R. A., Hendrickson, J. M., & Young, C. C. (1985). Materials selection and adaptation: Strategies for combating curriculum casualties among the behaviorally disordered. *Monograph in Behavioral Disorders, 8*, 70-85.

Gable, R. A., Hendrickson, J. M., Young, C. C., & Shokoohi-Yekta, M. (1992). Preservice preparation and classroom practices of students with emotional/behavioral disorders. *Behavior Disorders, 17*, 126-134.

Gelfand, D. M., Jenson, W. R., & Drew, C. J. (1988). *Understanding child behavior disorders: An introduction to child psychopathology* (2nd ed.). Toronto: Holt, Rinehart and Winston.

Glasser, W. (1969). *Schools without failure*. New York: Harper & Row.

Goddard, J. T. (1992). Native Indian education in Lac La Ronge. *The Canadian School Executive, 11*, 11-13.

Goldstein, A. P. (1988). PREPARE: A prosocial curriculum for aggressive youth. In R. B. Rutherford, Jr., C. M. Nelson, & S. R. Forness (Eds.), *Bases of severe behavioral disorders in children and youth*. Toronto: Little, Brown, and Company.

Gorman, B. W., & Johnson, W. H. (1991). *Successful schooling for everybody*. Indiana: National Education Service.

Grosenick, J. K., George, M. P., & George, N. L. (1990). A conceptual scheme for describing and evaluating programs in behavioral disorders. *Behavioral Disorders, 16*, 66-74.

Guetzloe, E. C. (1980). The least restrictive environment for adolescents with severe behaviors: Putting the pieces together. *Monograph in Behavioral Disorders, 3*, 106-116.

Guetzloe, E. C., & Rhodes, W. C. (1988). Prevention of youth suicide: Current trends and promising practices. In R. B. Rutherford, Jr., C. M. Nelson, & S. R. Forness (Eds.), *Bases of severe behavioral disorders in children and youth*. Toronto: Little, Brown, and Company.

Gullone, E., & King, N. J. (1991). Acceptability of alternative treatments for school refusal: Evaluations by students, caregivers, and professionals. *British Journal of Educational Psychology, 61*, 346-354.

Guralnick, M. J. (1991). The next decade of research on the effectiveness of early intervention. *Exceptional Children, 58*, 174-183.

Hamerlynck, L. A. (Ed.) (1979a). *Behavioral systems for the developmentally disabled: I. School and family environments*. New York: Brunner/Mazel.

Hamerlynck, L. A. (Ed.) (1979b). *Behavioral systems for the developmentally disabled: II. Institutional, clinic, and community environments*. New York: Brunner/Mazel.

Hamm, J. (1989). Intensive day treatment provides an alternative to residential care. *Children Today, 18*, 11-15.

Hawkins, R. P., & Breiling, J. (Eds.) (1989). *Therapeutic foster care: Critical issues*. Washington, D.C.: Child Welfare League.

Hewett, F. M. (1981). Behavioral ecology: A unifying strategy for the 80s. *Monograph in Behavioral Disorders, 4*, 1-5.

Howard, L. W. (1973). *Residential treatment of emotionally disturbed children: Description and follow-up study*. Unpublished master's thesis, University of Alberta, Edmonton.

Kauffman, J. M. (1986). Growing out of adolescence: Reflections on change in special education for the behaviorally disordered. *Behavioral Disorders, 11*, 290-296.

Kendall, P. C., & Braswell, L. (1985). *Cognitive-behavioral therapy for impulsive children*. New York: The Guilford Press.

Krueger, M. A. (1983a). *Careless to caring for troubled youth*. Wisconsin: Tall.

Krueger, M. A. (1983b). *Intervention techniques for child/youth care workers*. Wisconsin: Tall.

Kubbernus, C., & Lamarre, M. (1992). Behavior assistance: The Grovenor experience. *The ATA Magazine, 72*, 24-28.

Lennox, D. (1982). *Residential group therapy for children.* New York: Tavistock.

Leone, P., Fitzmartin, R., Stetson, F., & Foster, J. (1986). A retrospective follow-up of behaviorally disordered adolescents: Identifying predictors of treatment outcome. *Behavioral Disorders, 11*, 87-97.

Lewis, D. K. (1981). *Working with children: Effective communication through self-awareness.* Beverly Hills: Sage.

Luiselli, J. K. (1991). Assessment-derived treatment of children's disruptive behavior disorders. *Behavior Modification, 15*, 294-309.

Maag, J. W. (1991). Oppositional students or oppositional teachers: Managing resistance. *Beyond Behavior, 2*, 7-11.

Maag, J. W., & Howell, K. W. (1991). Serving troubled youth or a troubled society? *Exceptional Children, 58*, 74-76.

Maag, J. W., Parks, B. T., & Rutherford, Jr., R. B. (1984). Assessment and treatment of self-stimulation in severely behaviorally disordered children. *Monograph in Behavioral Disorders, 7*, 27-39.

Maag, J. W., Parks, B. T., & Rutherford, Jr., R. B. (1988). Generalization and behavior covariation of aggression in children receiving stress inoculation therapy. *Child & Family Behavior Therapy, 10*, 29-47.

Maag, J. W., & Rutherford, Jr., R. B. (1988). Review and synthesis of three components for identifying depressed students. In R. B. Rutherford, Jr., C. M. Nelson, & S. R. Forness (Eds.), *Bases of severe behavioral disorders in children and youth.* Toronto: Little, Brown, and Company.

Mastropieri, M. A., Jenkins, V., & Scruggs, T. E. (1985). Academic and intellectual characteristics of behaviorally disordered children and youth. *Monograph in Behavioral Disorders, 8*, 86-104.

Mastropieri, M. A., Scruggs, T. E., & Casto, G. (1985). Early intervention for behaviorally disordered children: An integrative review. *Monograph in Behavioral Disorders, 8*, 27-35.

McVicar, J. (1990a). Rehabilitation resource programs in B.C. schools. *B.C. Journal of Special Education, 14*, 39-51.

McVicar, J. (1990b). Rehabilitation resource programs in Campbell River. *B.C. Journal of Special Education, 14*, 91-97.

Meyer, L. H., & Evans, I. M. (1989). *Nonaversive intervention for behavior problems: A manual for home and community*. Baltimore: Paul H. Brookes.

Miltenberger, R. G., Parrish, J. M., Rickert, V., & Kohr, M. (1989). Assessing treatment acceptability with consumers of outpatient child behavior management services. *Child & Family Behavior Therapy, 11*, 35-44.

Murphy, L. B. (1974). *Growing up in Garden Court*. New York: Child Welfare League.

Nelson, C. M., Centre, D. B., Rutherford, Jr., R. B., & Walker, H. M. (1991). Serving troubled youth in a troubled society: A reply to Maag and Howell. *Exceptional Children, 58*, 77-79.

Nelson, C. M., Rutherford, Jr., R. B., Centre, D. B., & Walker, H. M. (1991). Do public schools have an obligation to serve troubled children and youth? *Exceptional Children, 57*, 406-415.

Nicolaou, A., & Brendtro, L. K. (1983). Curriculum for caring: Service learning with behaviorally disordered students. *Monograph in Behavioral Disorders, 6*, 108-115.

Osborne, J. K., & Byrnes, D. A. (1990). Gifted, disaffected, disruptive youths and the alternative high school. *Gifted Child Today, 13*, 45-48.

Peacock Hill Working Group (1991). Problems and promises in special education and related services for children and youth with emotional or behavioral disorders. *Behavioral Disorders, 16*, 299-313.

Pizzat, F. (1974). *Behavior modification in residential treatment for children: Model of a program*. New York: Behavioral.

Polsky, H. W. (1987). *Cottage Six: The social system of delinquent boys in residential treatment*. Florida: Robert E. Krieger.

Powers, D. (1980). *Creating environments for troubled children.* North Carolina: University of North Carolina.

Pressman, P. A. (Ed.) (1985). *Residential treatment: Past policies, present issues, future priorities: Special monograph commemorating the 75th anniversary of the Hawthorne Cedar Knolls School.* New York: Human Sciences.

Pullis, M. (1991). Psychopathology and control. *Beyond behavior, 2,* 21.

Ray, W. S., Garber, M., & Wilson, A. J. (1991). Placement under Bill 82: A legal analysis. *Education & Law Journal, 3,* 263-284.

Rivlin, L. G., & Wolfe, M. (1985). *Institutional settings in children's lives.* Toronto: Wiley-Interscience.

Rutherford, Jr., R. B., Nelson, C. M., & Forness, S. R. (Eds.) (1988). *Bases of severe behavioral disorders in children and youth.* Toronto: Little, Brown, and Company.

Sachs, J. J., & Miller, S. R. (1992). The impact of a wilderness experience on the social interactions and social expectations of behaviorally disordered adolescents. *Behavioral Disorders, 17,* 89-98.

Salisbury, C. L. (1991). Mainstreaming during the early childhood years. *Exceptional Children, 58,* 146-155.

Schonert, K. A., & Cantor, G. N. (1991). Moral reasoning in behaviorally disordered adolescents from alternative and traditional high schools. *Behavioral Disorders, 17,* 23-35.

School Act of 1990. S-3.1. Province of Alberta. Edmonton: Queen's Printer.

Schwean-Kowalchuk, V. L., & Roadhouse, A. J. (1990). A school-based social cognitive intervention for aggressive boys. *B.C. Journal of Special Education, 14,* 27-37.

Self, M. R. (1982). *The conflict resolution curriculum for children in emotional conflict.* Illinois: Charles C. Thomas.

Shea, T. M., & Bauer, A. M. (1987). *Teaching children and youth with behavior disorders* (2nd ed). New Jersey: Prentice-Hall.

Simon, D. J., Vetter-Zemitzsch, A., & Johnston, J. C. (1985). On campus: Systemic/behavioral interventions for behaviorally disordered adolescents. *Behavioral Disorders, 10*, 183-190.

Skinner, B. F. (1990). Recent issues in the analysis of behavior. *Behavioral Disorders, 16*, 75-77.

Slavson, S. R., & Schiffer, M. (1975). *Group psychotherapies for children: A textbook*. New York: International Universities.

Steinberg, Z. (1991). Pandora's children. *Beyond Behavior, 2*, 5-14.

Steinberg, Z., & Knitzer, J. (1992). Classrooms for emotionally and behaviorally disturbed students: Facing the challenge. *Behavioral Disorders, 17*, 145-156.

Sussel, T. A. (1992). Court reviews discipline of handicapped student. *Education Leader, 5*, 2-12.

Taylor, D. A., & Alpert, S. W. (1973). *Continuity and support following residential treatment*. New York: Child Welfare League.

Thompson, D. G., & Hudson, G. R. (1982). Values clarification and behavioral group counseling with ninth-grade boys in a residential school. *Journal of Counseling Psychology, 29*, 394-399.

Walker, H. M. (1982). The acting out child: Research and strategies. *Monograph in Behavioral Disorders, 5*, 1-8.

Walker, H., & Sylwester, R. (1991). Where is school along the path to prison? *Educational Leadership, 49*, 14-16.

Webber, J., & Scheuermann, B. (1991). Accentuate the positive ... Eliminate the negative! *Teaching Exceptional Children, 24*, 13-19.

Weber, G. H., & Haberlein, B. J. (1972). *Residential treatment of emotionally disturbed children*. New York: Behavioral.

Weiten, W. (1989). *Psychology: Themes and variations*. California: Brooks/Cole.

Wheldall, K. (1991). Managing troublesome classroom behavior in regular schools: A positive teaching perspective. *International Journal of Disability, Development, and Education, 38*, 99-116.

Whittaker, J. K., & Trieschman, A. E. (Eds.) (1972). *Children away from home: A sourcebook of residential treatment.* Chicago: Aldine.

Wicks-Nelson, R., & Israel, A. C. (1991). *Behavior disorders of childhood* (2nd ed.). New Jersey: Prentice-Hall.

Wood, F. H., & Lininger, R. (1982). Services to the seriously behaviorally disordered/emotionally disturbed students in rural communities. *Monograph in Behavioral Disorders, 5,* 9-31.

Wood, S. R. (1985). *The teacher's role in education of behavior disordered children.* Unpublished master's thesis, University of Alberta, Edmonton.

APPENDIX A

Questionnaire

If there is more than one program in the school, please copy the questionnaire and fill one out for each program. Detailed information will be appreciated.

QUESTIONNAIRE

School/Program Name _____

_____

Address _____

_____

Phone Number _____

Principal/Contact Person _____

School Jurisdiction _____

Ages served _____

Number of students:

Presently enrolled _____

For which you have funding _____

For which you have the physical capacity _____

Nature of population served (e.g., types of behaviors observed, eligibility criteria) _____

_____

_____

_____

_____

Geographical area served _____

_____

Length of time school/program has been in operation _____

Cost:

Source(s) of funding (e.g., government, parents) _____

True cost of educating a student _____

Tuition fees involved? If yes, who might pay these? _____

_____

Hours of operation _____

Source(s) of referral to school/program _____

_____

Waiting period _____

Duration of services _____

Day and/or residential program(s) _____

_____

_____

Secure/open custody facility _____

_____

_____

Religious/spiritual component _____

_____

_____

Descriptions and numbers of staff involved in the educational/behavioral program component (e.g., teachers, social workers, child care workers, psychologists, psychiatrists, consultants, occupational therapists, recreational therapists) _____

_____

_____

_____

Staff/student ratio _____

Teacher/student ratio _____

Types of educational programming offered (e.g., individualized, academic, vocational, recreational)

_____

_____

_____

_____

_____

Do you emphasize meeting the goals specified by the provincial curriculum? _____

If yes, how do you do this? _____

If yours is a residential program, how are the educational and custodial components integrated?

Community involvement (e.g., parents, business and labor organizations, child-care agencies)

Method(s) by which students are grouped for educational programming (e.g., by age, sex, degree/nature of disordered behavior, social maturity, educational level) _____

Philosophy about the nature of behavior disorders (etiology, characteristics and prognosis)

Philosophy about the best type(s) of intervention

Procedures for movement of students within the program/school

Exit procedures:

Criteria

Decision-makers

Have you followed-up any students who have left the program? What did you find?

Methods of assessing program effectiveness _____

_____

_____

_____

_____

_____

_____

Perceived strengths of school program(s) _____

_____

_____

_____

_____

_____

_____

Perceived weaknesses of school program(s) _____

_____

_____

_____

_____

_____

_____

Would you be interested in networking (e.g., an annual one-day conference/some sort of interest group) with others providing these types of programs?

Provincially? _____

Nationally? _____

If yes to either of the above, please describe:

Two topics you would like more information about. _____

_____

_____

Two topics you would consider presenting or facilitating a workshop on. _____

_____

_____

_____

Are there any suggestions/strategies/references that you can share with others in this field? _____

_____

_____

_____

Do you have any written/published information about the school/program that you could send us?

_____ If yes, we would appreciate it.

Is there any information not covered here that you think would be useful for this research?

_____

_____

_____

_____

_____

_____

Additional comments _____

_____

_____

_____

_____

_____

_____

_____

_____

APPENDIX B

Sample Letter to Provincial Ministries of Education

Alberta

EDUCATION

Education Response Centre
6240 - 113 Street
Edmonton, Alberta
T6H 3L2
Voice/T.T.Y. (403) 422-6326
Fax (403) 422-2039

October 15, 1991

(Name)
Director
Special Education Division
(Address)

Dear

Alberta Education is collecting information and preparing a report on educational programs for students with severe behavior disorders. I am reviewing the literature on this topic and intend to visit several Alberta treatment centres/schools providing services for these youth. The final report will include a description of the types of programs that have been successful in meeting the needs of such students.

As part of the literature review, I would like to include information regarding programs available in other provinces. Your assistance in the compilation of this data would be appreciated. Please provide me with a list of the names, addresses, telephone numbers, and contact persons of all facilities in your province which provide residential and/or day programs for students with severe behavior disorders. Additionally, any recommendations regarding references (books, journal articles, programs, etc.) that you think are particularly relevant for inclusion in a report of this type are welcomed.

Thank you for your assistance. Please send/fax/phone this information by October 31, 1991, and feel free to contact me if you would like further information.

Yours truly,

Elaine Kryzanowski, PhD
Educational Consultant

EK/ssm

APPENDIX C

Sample Letter to Schools/Programs

Alberta

EDUCATION

Education Response Centre
6240 - 113 Street
Edmonton, Alberta
T6H 3L2
Voice/T.T.Y. (403) 422-6326
Fax (403) 422-2039

March 12, 1992

(Recommended contact person)
(Address)

Dear

RE: (NAME OF SCHOOL/PROGRAM)

Alberta Education is preparing a report that will include strategies for residential and/or day educational programs for students with significant behavior disorders. I have reviewed the literature on this topic and have visited several Alberta schools/treatment centres providing services for these youth. Your program name and address were given to me by _____, Director, Special Education Branch at the Ministry/Department of Education, following my request for a list of programs/schools providing the above services in the province/territory of _____.

Please have the appropriate person fill out the enclosed questionnaire and return it by March 31, 1992. Feel free to contact either Patricia Cox or myself if there are any concerns.

Thank you for your assistance in this project. The final report will include a description of the types of programs that have been successful in meeting the needs of these youth and we hope it will be a valuable resource for educators such as yourself.

Yours truly,

Elaine Kryzanowski, PhD
Educational Consultant

EK/ssm

Enclosure

cc: (Director, Special Education Branch)

APPENDIX D

Respondents Included in the Report

The Education Response Centre gratefully acknowledges the following schools/programs from which questionnaires were received.

Alberta

1	Bon Accord	Oak Hill School
2	Calgary	Salvation Army Children's Village School
3		The Skills Factory
4		William Roper Hull School
5	Edmonton	Alberta Vocational College Kennedale
6	Grande Prairie	Child Behavior Resource Program, Swanavon School
7		Crystal Park School
8	Lethbridge	Youth Extension Program, Coulee Ridge Campus
9	Longview	Stampede Boys' Ranch
10	Medicine Hat	Medicine Hat Remand Centre School
11		Saamis Children's Centre
12	Okotoks	Alternate Community Education Program, Foothills Composite High School
13	Picture Butte	McMan Receiving and Assessment Home
14	St. Paul	Poundmaker's School
15	Sherwood Park	Alberta Bosco Homes
16	Strathmore	Diamond P. Ranch

British Columbia

17	Burnaby	Maples Secondary School
18	Prince George	Intensive Child Care Resource
19	Vancouver	Intensive Child Care Resource

77

(Appendix D, continued)

Saskatchewan

20	Saskatoon	Fifth Avenue Alternate Program
21		Structured Success (8 classes in 7 schools)

Manitoba

22	St. Boniface	Behavioral and Emotional School Treatment Program
23	Winnipeg	Contingencies for Learning Academic and Social Skills, Heritage School
24		Contingencies for Learning Academic and Social Skills, Ness Avenue
25		Knowles Centre School
26		Marymound School
27		Treatment Learning Class, Polson School

Ontario

28	Atikokan	Atikokan High School Care, Treatment, and Correction Program
29		Saturn Public School Care, Treatment, and Correction Program
30	Aurora	Blue Hills Preschool
31	Brockville	High Cost Program for Pupils Eligible for Cost of Education under Section 33 of the General Legislative Grants -- Ministry of Education for the Province of Ontario
32		System Designated Class for Social Adjustment
33	Burlington	Woodview Children's Centre
34	Guelph	Behavioral Resource Program
35	London	W. D. Sutton School
36	Richmond Hill	The York Centre for Children, Youth, and Families
37	South River	Day Treatment Program
38	Thunder Bay	Child Adjustment Class Program
39	Toronto	McCaul School
40		Various city schools

(Appendix D, continued)

Newfoundland

42	St. John's	The St. John's Youth Centre/Academic Program
43	Whitbourne	Whitbourne Youth Centre

New Brunswick

44	Chatham	Alternate Program for Educating Students
45	Moncton	Outreach Program

79

APPENDIX E

Respondents Not Included in the Report

SO

The Education Response Centre thanks the following respondents for their interest in this project.

Alberta	Bisset School, Edmonton
British Columbia	James Ryan House Program, Surrey
Saskatchewan	Quiet High School Program, Regina
Ontario	The Board of Education for the Borough of East York, East York Cavan Youth Services, Peterborough Cooperative Services Classroom, Peterborough The Dufferin-Peel Roman Catholic Separate School Board, Mississauga The Durham Board of Education, Whitby Etobicoke Board of Education, Etobicoke Fort Frances-Rainy River Board of Education, Fort Frances The Grey County Board of Education, Markdale Grove School - The Harold McNeill House, Oshawa Hamilton Board of Education, Hamilton Hatts Off Section 27 Program, Dundas The Middlesex County Board of Education, Hyde Park The Lakehead Board of Education, Thunder Bay Nobel School/Day Treatment Program, Nobel North York Board of Education, North York The Northumberland and Newcastle Board of Education, Cobourg Ottawa Board of Education, Ottawa The Ottawa Roman Catholic Separate School Board, Ottawa Roebuck Home, Peterborough Scarborough Board of Education, Scarborough The Simcoe County Board of Education, Midhurst Simcoe County Roman Catholic Separate School Board, Barrie S.T.R.I.V.E. Community Youth Program, Peterborough The Timmins Board of Education, Timmins The Windsor Roman Catholic Separate School Board The York Region Board of Education, Aurora
Newfoundland	Dr. Thomas Anderson Centre, St. John's St. John's Hospital Schools, St. John's
New Brunswick	Adjusted Program, Saint John Kennebecasis Valley High School, Rothesay

APPENDIX F

Topics About Which Respondents Would Consider Providing Information

Following is a list of topics about which survey respondents would consider presenting or facilitating a workshop. To avoid changing intended meaning, the exact words used by the respondents have been used.

Alberta

School Name and City	Topic(s)
Salvation Army Children's Village School - Calgary	Own program. Working with a younger population, families, integration, maintaining school identity, relationship with other schools.
William Roper Hull School - Calgary	Own school.
Child Behavior Resource Program, Swanavon School - Grande Prairie	Educational kinesiology. Working with parents and agencies.
Crystal Park School - Grande Prairie	Developing a program for students with behavior disorders.
Stampede Boys' Ranch - Longview	Grouping. Self-concept development by living on what appears to be the edge for the boy.
Alternate Community Education Program, Foothills Composite High School - Okotoks	The significance of feelings. Reducing anger in adolescents.
Poundmaker's School - St. Paul	Options and self-esteem. Native culture/youth.
Alberta Bosco Homes - Sherwood Park	Behavior modification.

Canada

School Name and City	Topic(s)
Maples Secondary School - Burnaby, British Columbia	Care plan assessment, development, and outreach; curriculum development, accountability, and record keeping.
Intensive Child Care Resource - Prince George, British Columbia	Interagency collaboration, positiveness of integrating from a segregated program to an integrated setting.

(Appendix F, continued)

School Name and City	Topic(s)
Fifth Avenue Alternate Program - Saskatoon, Saskatchewan	Control theory with reclaimable adolescents. Staff consistency for success.
Behavioral and Emotional School Treatment Program - St. Boniface, Manitoba	Organizing and developing a program similar to theirs.
Contingencies for Learning Academic and Social Skills, Heritage School - Winnipeg, Manitoba	Group meetings and group process for students with behavior disorders. Goal setting and evaluation.
Marymound School - Winnipeg, Manitoba	Behavior management. Crisis intervention. Stress/anger management.
Treatment Learning Class, Polson School - Winnipeg, Manitoba	Development of own program.
Woodview Children's Centre - Burlington, Ontario	Development of community partnerships (education, health, community, and social services working together). Early intervention (the role of community partnerships).
Behavioral Resource Program - Guelph, Ontario	Own program. Peacemaking. Peer mediation.
W. D. Sutton School - London, Ontario	Own school. Program provision (curriculum).
The York Centre for Children, Youth, and Families - Richmond Hill, Ontario	Day treatment as an approach to meeting the needs of troubled (disturbed) children.
The St. John's Youth Centre/ Academic Program - St. John's, Newfoundland	Cognitive programming. Setting up positive peer cultures.
Whitbourne Youth Centre - Whitbourne, Newfoundland	Special children with special needs. Teaching young offenders.
Alternate Program for Educating Students - Chatham, New Brunswick	Own program.

Appendix G

Schools/Programs With Further Information Available Upon Request

The following schools/programs have further information available upon request. Addresses and phone numbers are available from the Education Response Centre.

Alberta

Calgary	Salvation Army Children's Village School William Roper Hull School
Lethbridge	Youth Extension Program, Coulee Ridge Campus
Longview	Stampede Boys' Ranch
Medicine Hat	Medicine Hat Remand Centre School
Okotoks	Alternate Community Education Program, Foothills Composite High School
Sherwood Park	Alberta Bosco Homes
Strathmore	Diamond P. Ranch

British Columbia

Prince George	Intensive Child Care Resource

Saskatchewan

Saskatoon	Structured Success (8 classes in 7 schools)

Manitoba

St. Boniface	Behavioral and Emotional School Treatment Program
Winnipeg	Knowles Centre School Marymound School Treatment Learning Class, Polson School

Ontario

Aurora	Blue Hills Preschool
Burlington	Woodview Children's Centre

(Appendix G, continued)

Guelph	Behavioral Resource Program
London	W. D. Sutton School
Richmond Hill	The York Centre for Children, Youth, and Families
Thunder Bay	Child Adjustment Class Program
Toronto	McCaul School

Newfoundland

St. John's	The St. John's Youth Centre/Academic Program

New Brunswick

Chatham	Alternate Program for Educating Students
Moncton	Outreach Program

NOTES:

Alberta
EDUCATION